

DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

 Declaration submitted with initial filing or Declaration submitted after initial filing (surcharge required 37CFR1.16(e))23347
PATENT TRADEMARK OFFICEATTORNEY'S DOCKET
PG3565USWFirst Names Inventor:
CARRComplete if known:
App No.:

09/806,840

Filing Date

Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHEMICAL CONSTRUCTS

the specification of which (check only one item below):

 is attached hereto.

OR

 was filed on _____ as United States application Serial No. _____ or PCT InternationalApplication Number GB99/03286 filed 10/05/1999 and was amended on (MM/DD/YYYY)
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

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1. GB9821655.9	GB	10/05/1998	x
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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
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Charles E. Dadswell	<u>Reg. No. 35,851</u>	Virginia C. Bennett	<u>Reg. No. 37,092</u>	John L. Lemanowicz	<u>Reg. No. 37,380</u>
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Send Correspondence to:

Correspondence to:
David J. Levy, Patent Counsel
Corporate Intellectual Property Department
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709

Direct Telephone Calls to:

Frank P. Grassler
919-483-2482

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	INVENTOR'S SIGNATURE	<u> </u>		
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2	FULL NAME OF INVENTOR	FAMILY NAME GEHANNE	FIRST GIVEN NAME Sylvie	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	<u> </u>		
0	RESIDENCE & CITIZENSHIP	CITY Verona	STATE OR FOREIGN COUNTRY IT	COUNTRY OF CITIZENSHIP FR
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2	FULL NAME OF INVENTOR	FAMILY NAME KAY	FIRST GIVEN NAME Corinne	SECOND GIVEN NAME/INITIAL
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2	FULL NAME OF INVENTOR WILLIAMS	FAMILY NAME WILLIAMS	FIRST GIVEN NAME Geoffrey	SECOND GIVEN NAME/INITIAL Martyn
0	INVENTOR'S SIGNATURE	<u> </u>		
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	INVENTOR'S SIGNATURE			<u>DATE:</u>
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2-300 0 2	FULL NAME OF INVENTOR	FAMILY NAME GEHANNE	FIRST GIVEN NAME Sylvie	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	<i>Géhanne Sylvie</i>		<u>DATE:</u> <i>Mth, June 2001</i>
	RESIDENCE & CITIZENSHIP	CITY Verona	STATE OR FOREIGN COUNTRY IT	COUNTRY OF CITIZENSHIP FR
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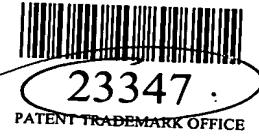
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2	FULL NAME OF INVENTOR MURRAY	FIRST GIVEN NAME Peter	SECOND GIVEN NAME/INITIAL John	DATE: <u>14-June 2001</u>
0	INVENTOR'S SIGNATURE <u>P. J. Murray</u>	<u> </u>		
0	RESIDENCE & CITIZENSHIP Birmingham GBX	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
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2	FULL NAME OF INVENTOR WILLIAMS	FIRST GIVEN NAME <u>Geoffrey</u>	SECOND GIVEN NAME/INITIAL <u>Martyn</u>	DATE: <u>14-June-2001</u>
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5	POST OFFICE ADDRESS GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
6200	FULL NAME OF INVENTOR PAIO	FAMILY NAME <i>Alfredo</i>	FIRST GIVEN NAME <i>Alfredo</i>	SECOND GIVEN NAME/INITIAL <i>Pepe</i>
0	INVENTOR'S SIGNATURE	<u>DATE:</u> <i>11th June 2001</i>		
0	RESIDENCE & CITIZENSHIP Verona	STATE OR FOREIGN COUNTRY IT	COUNTRY OF CITIZENSHIP IT	
0	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
0	FULL NAME OF INVENTOR SCICINSKI	FAMILY NAME Jan	FIRST GIVEN NAME Jan	SECOND GIVEN NAME/INITIAL Josef
0	INVENTOR'S SIGNATURE	<u>DATE:</u>		
0	RESIDENCE & CITIZENSHIP Cambridge	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
0	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
0	FULL NAME OF INVENTOR WATSON	FAMILY NAME Stephen	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Paul
0	INVENTOR'S SIGNATURE	<u>DATE:</u>		
0	RESIDENCE & CITIZENSHIP Stevenage	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB	
8	POST OFFICE ADDRESS GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
2	FULL NAME OF INVENTOR WILLIAMS	FAMILY NAME Geoffrey	FIRST GIVEN NAME Geoffrey	SECOND GIVEN NAME/INITIAL Martyn
0	INVENTOR'S SIGNATURE	<u>DATE:</u>		
0	RESIDENCE & CITIZENSHIP Cambridge	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP NZ	
9	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
2	FULL NAME OF INVENTOR ZARAMELLA	FAMILY NAME <i>Alessio</i>	FIRST GIVEN NAME <i>Alessio</i>	SECOND GIVEN NAME/INITIAL <i>Alessio</i>
0	INVENTOR'S SIGNATURE	<u>DATE:</u> <i>18th June 2001</i>		
0	RESIDENCE & CITIZENSHIP Verona	STATE OR FOREIGN COUNTRY IT	COUNTRY OF CITIZENSHIP IT	
10	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**



23347

PATENT TRADEMARK OFFICE

() Declaration submitted with initial filing or

(x) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET
PG3565USW

First Names Inventor:
CARR

Complete if known:

App No.:

09/806,840

Filing Date

Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHEMICAL CONSTRUCTS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number GB99/03286 filed 10/05/1999 and was amended on (MM/DD/YYYY)
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. GB9821655.9	GB	10/05/1998	x
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
2.		
3.		
4.		
5.		

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

ATTORNEY'S DOCKET NUMBER
PG3565USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

31	David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Elizabeth Selby	Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094 Reg. No. 38,298	James P. Riek Virginia C. Bennett Frank P. Grassler Christopher P. Rogers Lorie Ann Morgan	Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334 Reg. No. 38,181	Bonnie L. Deppenbrock John L. Lemanowicz Amy H. Fix	Reg. No. 28,209 Reg. No. 37,380 Reg. No. 42,616
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Send Correspondence to:	Direct Telephone Calls to:
David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline, Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709	Frank P. Grassler 919-483-2482

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR CARR	FAMILY NAME <i>Dr. Carr</i>	FIRST GIVEN NAME Robin	SECOND GIVEN NAME/INITIAL Arthur Ellis
0	INVENTOR'S SIGNATURE			DATE: 4/17/01
1	RESIDENCE & CITIZENSHIP Stevenage GB	CITY Stevenage GB	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
2	FULL NAME OF INVENTOR GEHANNE	FAMILY NAME <i>Gehanne</i>	FIRST GIVEN NAME Sylvie	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE			DATE:
2	RESIDENCE & CITIZENSHIP Verona	CITY Verona	STATE OR FOREIGN COUNTRY IT	COUNTRY OF CITIZENSHIP FR
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
2	FULL NAME OF INVENTOR KAY	FAMILY NAME <i>Kay</i>	FIRST GIVEN NAME Corinne	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE			DATE:
3	RESIDENCE & CITIZENSHIP Cambridge	CITY Cambridge	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP FR
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DECLARATION FOR "371" APPLICATION

2	FULL NAME OF INVENTOR McKEOWN	FAMILY NAME McKEOWN	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Carl
400 0	INVENTOR'S SIGNATURE <i>S. McKeown</i>	DATE: 13/6/01		
4	RESIDENCE & CITIZENSHIP Stevenage GB	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB	
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2	FULL NAME OF INVENTOR MURRAY	FIRST GIVEN NAME Peter	SECOND GIVEN NAME/INITIAL John	
0	INVENTOR'S SIGNATURE	DATE:		
0	RESIDENCE & CITIZENSHIP Birmingham	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
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2	FULL NAME OF INVENTOR PAIO	FIRST GIVEN NAME Alfredo	SECOND GIVEN NAME/INITIAL	
0	INVENTOR'S SIGNATURE	DATE:		
0	RESIDENCE & CITIZENSHIP Verona	STATE OR FOREIGN COUNTRY IT	COUNTRY OF CITIZENSHIP IT	
5	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
2	FULL NAME OF INVENTOR SCICINSKI	FIRST GIVEN NAME Jan	SECOND GIVEN NAME/INITIAL Josef	
0	INVENTOR'S SIGNATURE	DATE:		
0	RESIDENCE & CITIZENSHIP Cambridge	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
5	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
2	FULL NAME OF INVENTOR WATSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Paul	
0	INVENTOR'S SIGNATURE <i>SL WJ</i>	DATE: 15/06/01		
8	RESIDENCE & CITIZENSHIP Stevenage GB	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB	
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2	FULL NAME OF INVENTOR WILLIAMS	FIRST GIVEN NAME Geoffrey	SECOND GIVEN NAME/INITIAL Martyn	
0	INVENTOR'S SIGNATURE	DATE:		
0	RESIDENCE & CITIZENSHIP Cambridge	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP NZ	
9	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
2	FULL NAME OF INVENTOR ZARAMELLA	FIRST GIVEN NAME Alessio	SECOND GIVEN NAME/INITIAL	
0	INVENTOR'S SIGNATURE	DATE:		
0	RESIDENCE & CITIZENSHIP Verona	STATE OR FOREIGN COUNTRY IT	COUNTRY OF CITIZENSHIP IT	
10	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	